Assessment

Service Code: 90791

Assessment is the process of determining medical necessity and formulating a client's diagnosis. This procedure code is billed when conducting the clinical analysis of the history and current status of the individual's mental, emotional, and behavioral condition. It includes appraisal of the individual's functioning in the community such as living situation, daily activities, social support systems, and health history and status. Assessment includes the screening for substance use/abuse and may include the use of testing procedures. The recommended range of billing time for an initial or annual assessment is 2-3 hours for adult assessment and 5-6 hours for children. If the total amount of assessment exceeds this range, justification would need to be documented. Additional time for chart review in certain situations will be allowed – see requirements below for billing and documenting chart review.

Who Can Use This Code?

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPPCI	Trainee - post BA/BS and pre MA/MS/PhD	MHRS	Other, Unlicensed
Assessment	Y	Y	N	N	N	N	Y	Y	Y*	N	N

*Requires co-signature

Billable Services Include:

- ✓ Gathering clinical information regarding a client's presenting problems, history and symptoms to gain a complete clinical picture
- ✓ Interviewing the client and/or significant support persons to review and complete intake paperwork and to gather information to complete the assessment
- ✓ Administering, scoring, and analyzing an assessment tool or outcome measure, such as the CANS/ANSA
- ✓ Completing a Mental Status Exam
- ✓ Formulating a diagnosis through analysis of gathered information
- ✓ Limited observation of client necessary for establishing medical necessity and/or clarifying diagnosis in a setting such a milieu, school, etc.
- ✓ Periodic re-assessment, including the 6-Month Update and Annual Update, to determine continued medical necessity and diagnosis
- ✓ When receiving a case as PSC or Ancillary program, up to 1 hour of Assessment or Plan Development can be billed for initial chart review of records, depending upon the service
    - The time billed must be warranted based upon the amount of incoming clinical documentation and need for review
    - 30 minutes billed for a new case, if appropriately documented, this will not be scrutinized in an audit or QI review. Up to 31-60 mins will be allowed for cases with significant documentation (e.g. recent hospital records, previous MH treatment, psychological reports, etc.) but will be scrutinized in an audit or QI review. Anything over 60 mins will be disallowed in an audit or QI review
    - Documents reviewed could include: prior or current Assessment and Client Service Plan, recent progress notes, hospital discharge paperwork, treatment summaries
    - See chart on last page for details

Non-Billable Activities Include:

- ✘ Solely filling out assessment paperwork or other authorization paperwork
- ✘ Services provided prior to the first face-to-face meeting when the client is new to the MHP
- ✘ Completing reports for client's lawyers or representatives

A Good Assessment Note Includes:

- Review and completion of all necessary consents, Acknowledgment of Receipt, Releases of Information, as well as discussion of confidentiality and its limitations
- Details of risk assessments and results
- Description of presenting problems
- Clinical tools, outcome measures, and interventions used
- Preliminary findings and/or observations of the client's behaviors during the assessment process
- Clinical content - it is not acceptable to simply write a note indicating that an assessment was completed or that a form was filled out
- Documentation of a standalone chart review written in BIRP format that provides a summary of information reviewed, including how this information will be used in work with client
- The date of the scheduled service in the "Behavior" section of the note when completing chart review in preparation for a MH service

Billing for Chart Review

TYPE OF REVIEW	RECEIVING A NEW CASE AS PSC OR ANCILLARY	REVIEWING IN PREPERATION FOR A MH SERVICE OF AN ONGOING CASE
EXAMPLES OF WHEN THIS TYPE OF REVIEW COULD OCCUR	- Transfer from CAT or another program - Program added as an Ancillary - Previous client in the MHP and reviewing past records	- Case has been receiving services from a program - Psychiatric provider seeing the client periodically
TIME ALLOWED	Up to 1 hour	Up to 10 minutes per month*
DOCS TO POSSIBLY REVIEW	- Prior or current Assessment - Prior or current Client Service Plan - Recent progress notes - Hospital discharge paperwork - Treatment summaries	- Current Client Service Plan - Recent progress notes
HOW TO BILL	- Could be embedded in billable MH service if review and service occur consecutively - Billed as Assessment or Plan Development by provider if standalone service**	- Could be embedded in billable MH service if review and service occur consecutively - Billed as Plan Development by provider if standalone service**
HOW TO DOCUMENT	- Use accurate start and stop times - <u>Standalone chart review:</u> o Written in BIRP format o Provide a summary of information reviewed, including how this information will be used in work with client o If reviewed in preparation for a MH service, state the date of the scheduled service in the "Behavior" section of the note - <u>Chart review embedded in MH service:</u> o Chart review and service must be consecutive and both occur in the office, using the "Office" location (the only exception is "Telehealth") o Clearly state the amount of time spent completing the chart review in the "Behavior" section of the note and the date of the scheduled service this was in preparation for (e.g. "In preparation for this afternoon's individual therapy session, provider spent 8 minutes reviewing client's CSP and previous progress notes") - The time spent to review the chart in preparation for the client's MH service appointment is reimbursable when a client "No Show"s in the following circumstances: o The provider documents the circumstances of the client's no show with a "No Show" progress note o The review occurred prior to scheduled appointment in order to prepare for the service o **Do not bill chart review after a client no shows to replace billable time**	

* For psychiatric providers who see clients less frequently (e.g. once every 2-3 months), up to 30 minutes can be billed
** Psychiatric providers should use the Psychiatric Plan Development service code when billing as a standalone service